



## Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

## **Statement of Committee Organization**

Missoury Ethics Commission

FT171392)

gcd

1.	Statement Information  Date: June 7, 2017		
	Type: ■ New □ Amended (if amending, enter MEC ID	17/152 & section cha	anged)
2.	Committee Information		
	Mantovani For STL Name of Committee		
	8029 Forsyth Blvd, Clayton, M	0 63105	(314) 349-2780 Telephone Number
	Official Committee Email Address  Committee Type:   Campaign   Candidate   Continuing (P	County Clerk or Board of Election Commissio	
3.	Treasurer/Deputy Treasurer Information	engan kemanan dan menandan kemanan dan	e annata car a contra con para en en entre en entre para con esta en entre en entre en entre en entre en entre
	Timothy Fogerty Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	SO29 FORSYth Blud Clayton MO 63105 Treasurer's Mailing Address, City, State, & Zip	( Treasurer's Home Telephone Number	( <u>314</u> ) <u>349-2780</u> Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	() Dep. Treasurer's Home Telephone Number	()
1.	Additional Committee Information		* 1
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)	Yes (refer to instructions on b	ack) 🖪 No
•	omena. Bunk Account information (required by an committees)		
			1
	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	
1	Mark Mantovan: 8029 Forsyth Clayton M 63105 Name & Mailing Address, City, State & Zip of Candidate	(314) 349 - 2780 Telephone Number (Candidate Committees O	()
	Avaust 7, 2018 ElectionDate  County Executive  St. Louis County  Office Sought & Political Subdivision	Democrat Political Party	Support or Oppose
۲. <b>ا</b>	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)	
i	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
	Signature(s) Check certification(s) & sign (required by all commi	ittees)	
	I affirm and attest under penalty of perjury that information and		
1	further acknowledge that I am aware that any false statement or de	eclaration made herein is punis	hable under Ch. 575 RSMo.
0	Committee Treasure	Candidate (Candidate Committees Only)	